

Robust Phase 2b Efficacy and Favorable Tolerability Support Monthly Dosing for Pfizer's GLP-1 RA Berobenatide

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- *Results from multiple Phase 2b dose finding studies for berobenatide (PF'3944) highlight a potential first-in-class monthly GLP-1 receptor agonist (GLP-1 RA) peptide, and support the planned Phase 3 low, medium and high dosing strategy*
- *VESPER-1 achieved a non-placebo-adjusted weight loss of almost 16% with no plateau observed at 32 weeks on 2.4 mg weekly berobenatide*
- *Pfizer plans to advance 10 Phase 3 studies for berobenatide in 2026 for chronic weight management and obesity-related comorbidities including knee osteoarthritis and obstructive sleep apnea, as part of a broader program of 20+ obesity trials*

NEW YORK--(BUSINESS WIRE)-- [Pfizer Inc.](#) (NYSE: PFE) today presented detailed results from multiple Phase 2b studies of berobenatide (PF'3944), an investigational, potential first-in-class monthly GLP-1 receptor agonist (GLP-1 RA) peptide, during a late-breaking expert symposium at the 86th Scientific Sessions of the American Diabetes Association (ADA).

The objectives for the Phase 2 studies were to identify the right doses for Phase 3 and to test escalation schemes. Across both weekly and monthly dosing in participants with obesity or overweight, with and without type 2 diabetes, the data from the Phase 2b VESPER-1, 2 and 3 studies:

- provide proof of concept for berobenatide as a potential first-in-class monthly GLP-1 RA peptide that can deliver competitive weight loss;
- show favorable tolerability for berobenatide, including low gastrointestinal (GI) adverse events and discontinuations despite rapid dose escalation and no allowed step-down; and
- highlight the potential for monthly delivery in a patient-friendly presentation with a very low 0.5 mL injection volume that provides convenience and scalability advantages.

The first clinical experience with the top weekly dose for berobenatide is being presented today for the first time. Results from a 32-week exploratory extension (Part B) of the Phase 2b VESPER-1 study showed a non-placebo-adjusted weight loss of 15.9%* with no plateau observed at 32 weeks on berobenatide (Week 60 of the overall study), in participants who escalated from placebo to 2.4 mg weekly berobenatide. VESPER-1 is evaluating once-weekly berobenatide in adults with obesity or overweight, including Part B to assess the durability of weight loss and the impact of transitioning from once-weekly to less frequent dosing regimens, including once-monthly.

"In Phase 2b studies, berobenatide delivered continuous, uninterrupted weight loss at all doses selected for Phase 3, while preserving a tolerable profile as people transitioned from a weekly to a monthly maintenance dose," said

Jim List, MD, PhD, Chief Internal Medicine Officer, Pfizer. “These data highlight the potential for berobanatide to be the first approved monthly GLP-1 RA peptide and support our extensive Phase 3 program that includes 10 studies for chronic weight management and obesity-related comorbidities. With berobanatide as a potential foundational metabolic medicine, both as a single agent and as a combination backbone, Pfizer is advancing a differentiated pipeline with multiple mechanisms and modalities designed to meet the many needs of people living with obesity and related conditions.”

Detailed results from the [previously reported Phase 2b VESPER-3 study](#) are also being presented today, which is evaluating monthly maintenance dosing of berobanatide in adults with obesity or overweight without type 2 diabetes. In addition, data from the Phase 2b VESPER-2 study, which evaluated weekly dosing of berobanatide in adults with obesity or overweight and type 2 diabetes, showed dose dependent reductions from baseline were observed with berobanatide for both body weight and HbA1c. Of note, there was a 2.2%** reduction in HbA1c achieved with berobanatide 1.6 mg weekly at week 28 (on treatment [efficacy] estimand), compared to a reduction of 0.2% in the placebo group.

"Weight management is a lifelong commitment, and the barriers to staying on therapy long-term are just as important as the therapy itself," said John B. Buse, MD, PhD, Professor of Medicine at the University of North Carolina School of Medicine, Chapel Hill. "The growing body of evidence shows berobanatide delivering meaningful weight loss with a well-tolerated profile following a switch from weekly to monthly dosing in Phase 2b studies. If approved, berobanatide has the potential to not only be effective, but practical and sustainable in real life."

The VESPER-6 pivotal Phase 3 study investigating monthly maintenance dosing for berobanatide in adults with obesity or overweight is open for enrollment, as well as the SOLIS-1 Phase 2b study investigating weekly and monthly maintenance dosing of an ultra-long-acting amylin analog (PF'3945) as a monotherapy and in combination with berobanatide.

An investor slide presentation with more information about the VESPER clinical development program and the clinical trial results contained in this release will be available on Pfizer's web site at 10:00 a.m. CT / 11:00 a.m. ET at www.pfizer.com/investors.

About Berobanatide and Pfizer's Cardiometabolic Pipeline

Pfizer plans to advance 20+ trials for obesity and related comorbidities in 2026. This includes 10 ongoing and planned Phase 3 trials for berobanatide (PF'3944), an investigational, potential first-in-class monthly GLP-1 receptor agonist (GLP-1 RA) peptide being studied for chronic weight management and obesity-related comorbidities including knee osteoarthritis and obstructive sleep apnea. The growing body of evidence supports advancing an extensive development program for berobanatide as a monotherapy and in combination with various Nutrient-Stimulated Hormone (NuSH) peptides including amylin analogs.

About the VESPER Clinical Development Program

The VESPER clinical development program is a comprehensive global program evaluating berobanatide across a range of patient populations and dosing regimens in chronic weight management.

Phase 2b VESPER studies include:

- VESPER-1: A Phase 2b trial in adults with obesity or overweight evaluating once-weekly berobanatide, including a 32-week exploratory extension (Part B) assessing the durability of weight loss and the impact of transitioning from once-weekly to less frequent dosing regimens, including once-monthly administration. Part A was the initial 28-week double-blind placebo-controlled portion of the study.

- VESPER-2: A Phase 2b randomized, double-blind, placebo-controlled trial evaluating once-weekly berobanatide in adults with obesity or overweight and type 2 diabetes, designed to assess weight loss, glycemic control and safety in this population.
- VESPER-3 is an ongoing 64-week, randomized, double-blind, placebo-controlled study in participants with obesity or overweight without type 2 diabetes. The study is designed to evaluate weekly (QW) titration phase to monthly (QM) dosing of berobanatide in four different titration and QM dose arms, compared to placebo.

Phase 3 VESPER studies include:

- VESPER-4 is an ongoing Phase 3 pivotal study investigating once-weekly berobanatide in adults with obesity or overweight and without type 2 diabetes.
- VESPER-5 is an ongoing Phase 3 pivotal study investigating once-weekly berobanatide in adults with obesity or overweight and type 2 diabetes. A higher weekly dose of berobanatide (2.4 mg) is currently being evaluated in Phase 3.
- VESPER-6 is a Phase 3 pivotal study investigating once-monthly berobanatide in adults with obesity or overweight. The study is now open for enrollment.
- Seven additional planned Phase 3 studies of berobanatide are designed to target comorbidities and increase patient optionality and access.

About Obesity

Obesity is a growing global epidemic. In 2015, it was estimated that approximately 1.9 billionⁱ people were living with obesity or considered overweight, and this number is expected to grow to more than 2.9 billion by 2030.ⁱⁱ Obesity is a complex metabolic disease, often defined in adults as having a body mass index (BMI) greater than or equal to 30.ⁱⁱⁱ It is associated with more than 200 health conditions,^{iv} contributing to significant chronic disease burden, shortened lifespans, and growing healthcare costs. Despite recent advances in care, for many patients, current therapies are not sufficient—whether due to limited efficacy, tolerability issues that impact adherence, co-morbidities that weight loss alone doesn't address, or barriers to access and affordability. New waves of innovation that better meet the diverse needs of patients are critical to effectively address this epidemic.

About Pfizer: Breakthroughs That Change Patients' Lives

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products, including innovative medicines and vaccines. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with health care providers, governments and local communities to support and expand access to reliable, affordable health care around the world. For over 175 years, we have worked to make a difference for all who rely on us. We routinely post information that may be important to investors on our website at www.Pfizer.com. In addition, to learn more, please visit us on www.Pfizer.com and follow us on X at [@Pfizer](https://twitter.com/Pfizer) and [@Pfizer News](https://twitter.com/PfizerNews), [LinkedIn](https://www.linkedin.com/company/pfizer), [YouTube](https://www.youtube.com/channel/UCv31111111111111111111) and like us on Facebook at [Facebook.com/Pfizer](https://www.facebook.com/Pfizer).

Disclosure Notice

The information contained in this release is as of June 6, 2026. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments.

This release contains forward-looking information about berobanatide (PF'3944; previously called MET-097i), an investigational, potential first-in-class monthly GLP-1 receptor agonist (GLP-1 RA) peptide, and results and expectations from Phase 2b VESPER studies, including the VESPER-1 exploratory extension, VESPER-2, and VESPER-3, the potential of berobanatide to be the first approved monthly GLP-1 receptor agonist peptide, potential product profile and positioning, Pfizer's investigational cardiometabolic pipeline, and anticipated clinical trial starts and clinical development plans, including their potential benefits, that involves substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Risks and uncertainties include, among other things, the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for our clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as the possibility of unfavorable new clinical data and further analyses of existing clinical data, including the risk that analysis of longer term data does not match our expectations based on the data disclosed in this release; risks associated with initial, preliminary or interim data; the risk that clinical trial data are subject to differing interpretations and assessments by regulatory authorities, including the population regulatory authorities deem relevant for regulatory decisions; whether regulatory authorities will be satisfied with the design of and results from the clinical studies; whether and when drug applications may be filed in any jurisdictions for berobanatide or any other product candidates for any potential indications; whether and when any such applications may be approved by regulatory authorities, which will depend on myriad factors, including making a determination as to whether the product's benefits outweigh its known risks and determination of the product's efficacy and, if approved, whether berobanatide or any such other product candidates will be commercially successful; decisions by regulatory authorities impacting labeling, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of berobanatide or any such other product candidates; risks and uncertainties related to issued or future executive orders or other new, or changes in, laws or regulations; uncertainties regarding the impact of COVID-19 on Pfizer's business, operations and financial results; and competitive developments.

A further description of risks and uncertainties can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2025, and in its subsequent reports on Form 10-Q, including in the sections thereof captioned "Risk Factors" and "Forward-Looking Information and Factors That May Affect Future Results", as well as in its subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com.

* Data are arithmetic means

** Least squares means calculated using a mixed model for repeated measures excluding protocol-defined intercurrent events (i.e., on-treatment estimand).

ⁱ [World Obesity Atlas 2025](#)

ⁱⁱ [American Medical Association](#)

ⁱⁱⁱ World Health Organization. Obesity and Overweight. Accessed June 9, 2025. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.

^{iv} American Medical Association. Obesity. <https://www.ama-assn.org/topics/obesity>.

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